



CENTRAL OHIO TECHNICAL COLLEGE

DEPARTMENT OF SURGICAL TECHNOLOGY

**SURGICAL
TECHNOLOGY
PROGRAM**

**Policies & Procedures
Student Handbook**

The Program Faculty and College reserve the right to make changes to assure the quality, quantity, and effectiveness of education

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Welcome Surgical Technology Students

You are embarking on an exciting and challenging field of study. Successful completion of our course of studies meets the qualifying standards required to take the National Certification Examination for Surgical Technology. The certifying exam is written and administered by the NBSTSA and will be administered in your last semester of study for your degree. This will be scheduled for you (TBD) the end of the program.

This program will prepare you for entry level employment in Hospital operating rooms and delivery rooms, clinics, ambulatory surgical centers, physician, dentist's offices, and sterile processing departments.

The Surgical Technology Faculty Believe:

1. That all people have dignity and worth.
2. That the program should serve people regardless of race, creed, sex, disadvantage, or handicap.
3. That the cognitive base, psychomotor skills, and affective domain are of equal importance in the training of Surgical Technologists.
4. That the graduates of this program should possess competence in the technical phases of Surgical Technology and a sound understanding of the scientific principles of Surgical Technology.
5. That graduates should develop the ability to make independent clinical judgments within the limits of the Surgical Technologist's responsibilities.
6. That graduates should exhibit strong ethical behaviors and attitudes.
7. That competent Surgical Technologists are significant participants on the health care team.

Mission:

The mission of this program is to provide didactic and clinical instruction that will enable individuals to perform as competent, entry-level Surgical Technologists ready to sit for the national certification exam; and to help satisfy the need for Surgical Technologists in local and regional communities.

Nondiscrimination:

In compliance with the Americans with Disabilities Act (ADA) and College policy (The Civil Rights Act and Internal Standards), the College and Division do not discriminate based on race, gender, ethnicity, religion, sexual orientation, or handicapping conditions. Inasmuch as surgical technology is a practice discipline, the Division requires all successful applicants to possess the psychomotor skills necessary to perform Cardio-pulmonary Resuscitation (CPR) safely and effectively, the most standard of required patient care skills. Once admitted to a Division Program, it is the individual student's responsibility to self-identify to the Office for Disability Services staff and course instructors regarding any special learning accommodations.

Commitment to Diversity:

As institutions, we value mutual respect and diversity by building relationships that acknowledge the essential dignity of each individual and by valuing all races, genders, cultures, backgrounds, lifestyles, and abilities, and we are committed to creating and sustaining an intellectually stimulating environment for our collective growth.

Religious Accommodations for Students

COTC is committed to students' freedom to practice their sincerely held religious beliefs. The College has adopted College Policy 4.5.10 Religious Accommodations for Students, which complies with the Testing Your Faith Act, Ohio Revised Code 3345.026. Students are given up to three days of absences per term for activities or holidays conducted under the auspices of a religious denomination, church, or other religious or spiritual organization. The religious belief or practice must severely affect your ability to take an exam or complete an academic requirement on the due date. To receive reasonable alternative accommodations, students must submit their written request, including requested dates for alternative accommodations, within 14 calendar days of the first day of class. An instructor shall schedule a time and date for an alternative accommodation (i.e., examination, etc.), which may be before or after the time and date the examination or other academic requirement was originally scheduled without penalty or academic harm to the student. Alternative accommodations are not retroactive. No academic penalty will be imposed for an absence under this policy. These requests for alternative accommodations will be kept confidential. For further questions or information about this Policy, please refer to [College Policy 4.5.10 Religious Accommodations for Students](#) or contact the Provost, Dr. Gregory Ferenchak, Ferenchak.7@mail.cotc.edu, 740.755.7827, Hopewell Hall, room 56.

PROGRAM OVERVIEW

Accreditation:

The Program is accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP) through the Accreditation Review Committee on Education in Surgical Technology (ARC/STSA). Information on accredited Surgical Technology programs may be obtained from the ARC/STSA www.arcstsa.org

The Curriculum:

This program is one of the most rigorous programs in the College, demanding determination, stamina, personal planning, and time devoted to study. Preparation for theory, laboratory and clinical activities requires full-time concentration. Therefore, students are encouraged to reduce employment to a minimum to maintain their education focus. Clinical days vary each semester. Flexibility of time and personal transportation remains the responsibility of the student.

This curriculum is structured as a full-time program; you should plan to be involved in surgical technology program courses Monday through Friday. The core courses are offered on-line in the evening after clinical. It is the student's responsibility to have appropriate computer operating system requirements and access to Wi-Fi at home or transportation to use the Wi-Fi on campus. The student is responsible for providing their own transportation to lab and clinical sites. There is no guarantee of clinical placement; if you want to trade with each other after assignments are complete you must notify the program director in writing before the start of the semester. There is no guarantee that it will be approved. Trades will be addressed on an individual basis.

The Central Ohio Technical College Surgical Technology Program prepares you for an associate degree. The associate prepares you for the National Certifying Examination and employment as a surgical technologist. The associate degree program is four consecutive semesters. Successful completion results in the award of an associate in applied science (A.A.S.) degree. This degree prepares you for employment as a surgical technologist and the possibility of continuing for a bachelor's degree.

Policies of the program are guidelines to promote students' successful completion of a program, to meet requirements of external review agencies and affiliate institutions, and to ensure equitable treatment of students.

Change is a component of a continuous improvement philosophy. Planned changes may occur regarding courses, policies, operations, etc. based upon needs, evaluation data and/or additional input. Also, change is rapidly occurring within the healthcare field, which may impact the program, necessitating adjustments of a planned or unplanned nature. Communication and flexibility are central to managing such events.

COTC Surgical Technology Faculty takes pride in assisting students in developing talents, aptitude, and overall ability to be an effective member of the healthcare team. The COTC faculty is genuinely interested in individual student welfare as well as the overall effectiveness of the program in producing sound, well-prepared graduates. Student contact, inquiry, and education are welcome and viewed as important in the success of students, faculty, and the program.

Students are urged to adopt a habit of library use in student education. This practice of maintaining awareness of current literature and research in clinical problem solving will be valuable in endeavors in professional life.

Time management is a key to student success. Each student is responsible for meeting program requirements, including availability for assigned clinical experience. Therefore, flexible work scheduling and childcare arrangements are required.

Clinical courses, (i.e., those involving clinical experience), require additional study time beyond the actual scheduled classroom and clinical hours. Student should study an additional 3 hours for every semester credit hour. Example: A three-hour course would require 9 additional hours of study per week in addition to class attendance to meet course requirements.

You are required to maintain a C (2.0) grade point average overall a C (2.0) grade point average in all program courses.

Evaluation of the Program:

The quality of the program is assessed continually using a variety of approaches. Each course and faculty member are evaluated by students who complete evaluation forms at completion of a course and/or clinical experience rotation. Feedback/communications are also sought concerning organizational systems and planning. Such data is instrumental in evaluating need for changes and effectiveness.

Key "outcome measures" are used to evaluate the overall quality and effectiveness of surgical technology programs, among them:

1. CST examination results (% pass/fail)
2. Post-graduation student surveys
3. Surveys of employers of new graduates
4. Student retention rate

The program is rigorously evaluated by external agencies utilizing specific professional criteria to achieve/maintain accreditation status. Moreover, faculty and administration constantly assess/identify trends and consider/plan potential advances for the programs and their enhancement. An Advisory Committee of community health care and education leaders offer input on the quality, effectiveness, and development of the programs. Student data from courses is a vital component in the assessment process. Interdepartmental faculty communications are also important in assuring operations and successful program outcomes.

Program Outcomes:

This curriculum is designed to prepare you to be surgical technologists who can be a member of the health care delivery team. As a surgical technologist you are an integral member of the surgical team and will collaborate closely with the surgeons, anesthesiologists, registered nurses, and other surgical personnel. Before, during, and

after surgery, you will deliver patient care and perform tasks that help ensure a safe surgical environment, contributing to and supporting the operating team's efficiency.

Surgical technologists are employed in the hospital operating rooms, delivery rooms, cast rooms, emergency departments, ambulatory care areas, central supply department and medical device manufacturers. You may also be employed in clinics and ambulatory surgical centers.

The purpose of this program is to provide students with the general and technical education to function as safe, competent surgical technologist in entry level positions and give the community knowledgeable, competent, and ethical professionals who can fulfill the community's health needs.

Learning Outcomes

At the completion of the plan of study the student will be able to:

1. To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
2. Apply a basic understanding of human physiology and surgical anatomy, concepts of pharmacology and use of appropriate medical terminology in the perioperative setting.
3. Demonstrates the application of theoretical and practical proficiency in surgical asepsis and surgical procedures that provides for optimal patient care in the operating room.
4. Demonstrate knowledge of instrumentation and use in surgical procedures during perioperative care.
5. Demonstrate basic surgical case preparations and the ability to perform the role of first and second scrub in basic surgical procedures.
6. Implement a sense of responsibility, self-discipline, pride, teamwork, professionalism, enthusiasm, and work cooperatively to become an integral member of the health care team by exhibiting effective written and verbal communication.
7. Demonstrate accountability for professional growth and behavior.
8. Integrate behaviors that adhere to legal and ethical principles in relation to standards of practice.
9. Display qualifications of successful completion of program eligibility to apply to take the National Certification Examination for Surgical Technologists.

Employment Outlook:

Employment of surgical technologist is expected to *grow 9% faster than the average* for all occupations through the year 2028 (Bureau of labor statics www.bls.gov). The number of surgical procedures is expected to

rise as the population grows and ages. As the older generation enters retirement age, the over 50 population will account for a larger portion of the general population. Older people require more surgical procedures. Technological advances, such as fiber optics and laser technology, will also permit new surgical procedures to be performed. Hospitals will continue to be the primary employer of surgical technologists, although much faster growth is expected in offices and clinics of physicians, including ambulatory surgical centers.

PROGRAM REQUIREMENTS

Books:

All required textbooks are available at the Central Ohio Technical College bookstore. You may also order books online. Please remember that the bookstore on campus is prepared to match lower book prices. The books for each class are listed in your syllabi. These books are used throughout the program and are often used as reference after graduation. All costs are subject to change.

Uniforms and Equipment:

You are required to obtain a set of royal blue scrubs and a name badge for all clinical assignments and lab. These cost for scrubs is approximately \$50.00. The color of scrubs you will need for lab is Royal Blue. These are available in the bookstore or wherever you purchase scrubs. A name badge must be obtained from the school Public Safety office. The first name badge is free and there will be a cost if a replacement is needed. You are to wear your name badge whenever you are in the Operating Room so that you are identified as a student. It is a requirement of all facilities that you always wear your name badge. You will also need a clean new pair of closed toe shoes dedicated to the operating room use only.

CPR Certification:

Clinical sites require the certification provided specifically by **The American Heart Association—Health Care Provider course.**

- CPR certification is a pre-requisite for all clinical courses. It includes adult, child, infant and the automated external defibrillator (AED).
- If you currently have a CPR card it **MUST** be current through the remainder of the program, or you will be required to obtain re-certification.
- **It is the responsibility of the student to keep CPR certification up to date.** It must be current according to The American Heart Association standards. A student is ineligible to attend clinical experience if CPR certification has expired.
- The student may not attend clinical and must withdraw from the course if student is unable to obtain a current CPR certification prior to the first day of the semester in which they are enrolled in a clinical course.
- A copy of the CPR certification is placed with the required students' health information records in the program director's office.
- The student is responsible for and required to provide a copy of CPR updates to COTC faculty.

Students may contact The American Heart Association for more information at:

614-848-6676

1-800-242-8721

www.americanheart.org

www.cpr-ecc.org

Criminal Records & Background Checks:

Students must notify their program director of any arrests, regardless of adjudication, which occur after acceptance and enrollment in a program. This notice must be given within five (5) working days. Failure to notify the appropriate individuals shall be grounds for denial of admission to or permanent dismissal from a health science program.

BCI and FBI background checks must be complete prior to attending clinical. Assigned dates will be given and must be completed on campus at Campus Safety and Security. Complete information will be given to each student at the time required. After the background completion dates are announced, the student has 14 days to complete the testing. Failing to complete the assigned testing during the announced 14-day period is insubordination and therefore subject to dismissal from the program. COTC reserves the right to dismiss students based on background check findings. COTC reserves the right to ask a student to repeat background checks while student is enrolled in the Surgical Technology Program. This is subject to change without other notification to applicants. All background checks are at the student's expense.

Drug Test:

11 Panel Drug Screen must be complete prior to attending clinical. Assigned dates will be given and must be completed at the facility designated by COTC. Complete information will be given to each student at the time required. Students will be notified of required testing due dates randomly. After the drug screening completion dates are announced, the student has 14 days to complete the testing. Failing to complete the assigned testing during the announced 14-day period is insubordination and therefore subject to dismissal from the program. A positive drug screening will result in immediate dismissal from the Surgical Technology program without the option for re-admission. COTC reserves the right to repeat drug screening while students are enrolled in the Surgical Technology Program. This is subject to change without other notification to applicants. All drug screenings are at the student's expense.

Requirements for Advancement:

- A grade of "C" (2.00) or better is required for all Surg Tech courses.
- A student may repeat each SURG course only once, and only with permission by the Program Director.
- A student MUST pass Anatomy & Physiology I and II (BIO-130 and BIO-131 or equivalent) with a "C" (2.00) or better to continue into Surg Tech Clinical I (SURG-202).
- If a student does not pass Anatomy & Physiology I and II with a "C" (2.00) or better prior to the start of Clinical (SURG-202), the student must step away from the Surg Tech program until Anatomy & Physiology I and II courses are completed with a "C" (2.00) or better.

- A student that needs to step away from the Surg Tech program to complete Anatomy & Physiology I and II with a “C” (2.00) or better will be reseated into the program only with permission by the Program Director.
- If the student is being admitted to the Clinical course (SURG-202), there must be an available clinical site assignment for that student. This will be determined after all current students’ assignments are confirmed.
- ALL clinical competencies and clinical training expire within one year, some clinical courses must be repeated. All clinical competencies previously earned must be repeated.
- A student must adhere to all policies and procedures of the program and the College to be eligible for graduation.

Functional Abilities Essential for Surgical Technology Practice:

With job duties that can change minute to minute, surgical technologists need to be ready to perform a variety of tasks. The following are examples of essential functional abilities needed to be successful in the surgical technology programs at Central Ohio Technical College. All students are required to meet these essential functions with or without accommodations for disability. Allowing for individual differences and encouraging program completion for students with a documented disability, the surgical technology programs will work with the student and the Office for Students with Disabilities to provide reasonable accommodation to meet these essential functions.

Gross Motor Skills:

- Move within confined spaces
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders (e.g., IV poles)
- Reach below waist (e.g., plug electrical appliance into wall outlets)

Fine Motor Skills:

- Pick up objects with hands
- Grasp small objects with hands (e.g., IV tubing, pencil)
- Handwrite with a pen or pencil
- Key/type (e.g., use a computer)
- Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)
- Twist (e.g., turn objects/knobs using hands)
- Squeeze with finger (e.g., eye dropper)

Physical Endurance:

- Stand (e.g., at client side during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g., CPR)
- Maintain physical tolerance (e.g., work entire shift)

Physical Strength:

- Push and pull 25 pounds (e.g., position clients)
- Lift and support 25 pounds (e.g., pick up a child, transfer client)
- Move light objects weighing up to 10 pounds (e.g., IV poles)
- Move heavy objects weighing from 11 to 50 pounds (e.g., patient, bed, heavy instrument trays)
- Defend self against combative client
- Carry equipment/supplies
- Use upper body strength (e.g., perform CPR, physically restrain a client)
- Squeeze with hands (e.g., operate fire extinguisher)

Mobility:

- Twist
- Bend
- Stoop/squat
- Move quickly (e.g., response to an emergency)
- Climb (e.g., ladders/stools/stairs)
- Walk

Hearing:

- Hear normal speaking level sounds (e.g., person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)
- Hear in situations when not able to see lips (e.g., when masks are used)
- Hear auditory alarms (e.g., monitors, fire alarms, call bells)

Visual:

- See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)
- See objects up to 20 feet away (e.g., client in a room)
- See objects more than 20 feet away (e.g., client at end of hall)
- Use depth perception
- Use peripheral vision
- Distinguish color (e.g., color codes on supplies, charts, bed)
- Distinguish color intensity (e.g., flushed skin, skin paleness)

Tactile:

- Feel vibrations (e.g., palpate pulses)
- Detect temperature (e.g., skin, solutions)
- Feel differences in surface characteristics (e.g., skin turgor, rashes)
- Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks)
- Detect environmental temperature (e.g., check for drafts)

Smell:

- Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.)

- Detect smoke
- Detect gases or noxious smells

Reading:

- Read and understand written documents (e.g., policies, protocols)

Arithmetic Competence:

- Read and understand columns of writing (flow sheet, charts)
- Read digital displays
- Read graphic printouts (e.g., EKG)
- Calibrate equipment
- Convert numbers to and/or from Metric System
- Read graphs (e.g., vital sign sheets)
- Tell time
- Measure time (e.g., count duration of contractions, etc.)
- Use measuring tools (e.g., thermometer)
- Read measurement marks (e.g., measurement tapes, scales, etc.)
- Add, subtract, multiply, and/or divide whole numbers
- Compute fractions (e.g., medication dosages)
- Use a calculator
- Write numbers in records.

Emotional Stability:

- Establish therapeutic boundaries
- Provide client with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (e.g., client going bad, crisis)
- Focus attention on task
- Monitor own emotions
- Perform multiple responsibilities concurrently
- Manage strong emotions (e.g., grief)

Analytical Thinking:

- Transfer knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solves.
- Prioritize tasks.
- Use long term memory.
- Use short term memory

Critical Thinking:

- Identify cause-effect relationships

- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

Interpersonal Skills:

- Negotiate interpersonal conflict
- Respect differences in clients
- Establish rapport with clients
- Establish rapport with co-workers

Communication Skills:

- Teach (e.g., client/family about health care)
- Explain procedures
- Give oral reports (e.g., report on client's condition to others)
- Interact with others (e.g., health care workers)
- Speak on the telephone
- Influence people
- Direct activities of others
- Convey information through writing (e.g., progress notes)

STUDENT HEALTH REQUIREMENTS.....

General Requirements:

COTC is contractually obligated to affiliated healthcare agencies regarding assured healthcare status of students. Each student is responsible for verifying his/her healthcare status as required by the surgical technology program and our affiliated clinical agencies. Each student is responsible for any needed emergency care, medical supervision of chronic conditions, and costs involved. When questions or symptoms exist, the faculty may request that a student obtain written verification of his/her health status from their healthcare provider. If a student has experienced a health alteration which has the potential to negatively impact the student's clinical performance, the faculty may request a medical release from the student's physician verifying they may perform without limitations.

Students admitted into the surgical technology program must comply with immunization and other health requirements before the first day of the clinical semester. Students must remain in compliance providing updated records of immunizations while they are actively enrolled in surgical technology courses.

The student must inform Program Director of any disability, change in health status and/or therapy which may affect ability to safely perform the role of student surgical technologist. The student may be required to provide a written release from their physician, verifying that they may perform without limitations. This list is subject to change-students will be promptly notified of any changes.

- A physician or nurse practitioner designee must complete the physical exam and immunization form. A physical exam must be completed within the last 12 months. All documentation must be completed the semester prior to clinical. The COTC SURG faculty will determine the actual date.
- All required immunizations should be current. See Immunization Policy.
- The COTC SURG faculty will collect and review the documentation for the student health folder.
- Students must keep a set of all personal health information. The Surgical Technology Department retains student health files for one semester after graduation. After that date, all health files are destroyed.
- Students who are identified as having possible latex allergy must be medically evaluated about potential risk and are strongly urged to consider another field since latex is prevalent in the healthcare environment. Students with confirmed latex allergy continue in the program at their own risk. The College assumes no responsibility for exposures and possible resulting student health problems.
- The physical examination, immunizations, and drug screening are performed at the student's expense.

Important notice: Students are not permitted to go to their clinical experience until all required health information is provided and all required immunization and other health requirements are complete. Failure to comply will result in an unexcused absence. Unexcused absences due to incomplete health

requirements cannot be made up and the student can withdraw from the course or will receive a failing grade in the course.

Immunizations:

Students admitted into the Surgical Technology program must comply with immunization and other health requirements before the first day of assigned clinical rotations. Students are expected to remain in compliance if they are actively enrolled. This list is subject to change- students will be promptly notified of any changes.

COTC is **contractually obligated** to comply with the policies of our partner clinical affiliates. Therefore, to protect students, patients, and colleagues, students are required to provide evidence of adequate immunity to the following diseases. This list is subject to change – students will be promptly notified of any changes.

TB Testing

- The State of Ohio require TB testing
- A 2-step Mantoux test is required.
- The student must comply with annual TB testing during the time they are enrolled in clinical the Surgical Technology program. Surgical Technology students are expected to complete an annual 1-Step TB test prior to their TB due date (within 30 days of the anniversary date of 2-Step test). Failure to comply will result in an unexcused absence for clinical. Unexcused absences cannot be made up and the student will receive a 5% overall clinical grade reduction for each unexcused absence.
- Written evidence of the TB test must be provided.
- If there is a history of a positive TB skin test, a chest x-ray report showing no evidence of active disease is required. The student is to report promptly any symptoms suggesting tuberculosis.
- Students who have received a TB vaccination, must show documentation of TB vaccination, and may be required to undergo a chest x-ray showing no evidence of active disease.

Tetanus

- A tetanus/diphtheria (Tdap) booster is required if 10 years have elapsed since the last booster.
- The *CDC Advisory Committee on Immunization Practices* recommends that all healthcare personnel (HCP), regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Tdap dose.

Measles, Mumps and Rubella

- Student must provide written evidence of the required **two** vaccines; OR provide written documentation of titer results.

Varicella

- Student must provide self-report of history of varicella disease (chickenpox), OR
- If unknown or no history of disease, student must provide results of varicella titer, OR provide written documentation of two (2) varicella vaccines given no less than one month apart.

Hepatitis B

- Provide written evidence from the healthcare provider indicating the three dates you have received the vaccine series: OR
- Provide evidence the student has started the series and has had at least the first injection in the 3 series by the first day of clinicals; OR provide written documentation of titer results.

Flu Vaccination

- Student must provide written evidence of having received the seasonal flu vaccine within the past 12 months, AND
- Student will maintain compliance with annual seasonal flu vaccine requirement (Prior to October 1st) during the time they are enrolled in the Surgical Technology program.
- Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student will receive a 5% overall lab/ clinical grade reduction for each unexcused absence.

Pertussis (Whooping Cough)

- Students must provide written evidence of having the pertussis vaccination (commonly known as the **T-DAP**)

Covid-19

- Student must provide written proof of obtaining COVID vaccine.
- Student will maintain compliance with facility that they are assigned clinical.
- If you refuse this vaccine, you will likely be unable to attend clinical at any healthcare facility.

Medical Waivers:

A student may receive a waiver on health grounds if he or she presents a written statement from a licensed physician indicating that immunization against any or all the diseases for which immunization is required is medically contraindicated, detrimental to, or not in the best interest of the student. Specific reasons should be noted, such as allergy to components of the vaccine. The physician's statement shall document whether the contraindication is permanent or temporary, and if temporary, provide assurance that the student will receive immunization(s) at the first reasonable opportunity. (For example, rubella vaccine should not be given to pregnant women.) If the student fails to complete the immunizations and provide evidence of same, the student will not be permitted to enter or remain in the program.

If the student objects to any immunization due to religious beliefs, he or she must submit a signed written statement stating that they have chosen not to be immunized because he or she is an adherent to a religion the teachings of which are opposed to such immunizations.

Religious Waivers:

If the student objects to any immunization due to religious beliefs, he or she must submit a signed written statement stating that they have chosen not to be immunized because he or she is an adherent to a religion the teachings of which are opposed to such immunizations.

Acceptance of Risk:

Students who are unwilling or unable to comply with the immunization policy of the Surgical Technology Program must understand that some clinical agencies prohibit the presence of unvaccinated students at their facility. While COTC will make reasonable efforts to find appropriate alternate clinical rotations for these students, there is always the risk the student will not be permitted to complete clinical rotations which are a required part of the surgical technology curriculum. Therefore, failure to complete the health requirements puts the student at risk of program dismissal.

Injury/Illness during Class, Lab, or Clinical:

1. In the event of a medical emergency, needle-stick, or other acute injury, the student should be evaluated immediately by the charge nurse in the O.R. and the policy per facility is followed. You will be financially responsible for any lab that is required.
2. In the classroom or laboratory: If the student is in a medical crisis, call for assistance and call 9-1-1. Notify Security as soon as feasible. The student will be solely responsible for any resulting charges.
3. In non-emergency situations, the student may verbally tell the instructor that they elect to seek care from their personal physician. Any costs incurred will be the responsibility of the student.
4. The student shall cooperate with the supervising faculty member in providing information necessary for the faculty member to make a report of the injury.

Pregnancy:

1. The college does not wish to unfairly prejudice the interests of students who are or may become pregnant. A student may choose to continue with her program during pregnancy with the understanding that she is expected to satisfactorily meet the same standards of clinical and classroom performance as are all other students enrolled in the program.
2. If the student's ability to meet expected performance standards is questioned at any time during pregnancy, the student may be required to submit a statement from her personal physician. Such statement must indicate that the student is able to satisfactorily perform in the clinical or classroom area without undue detriment to herself and/or the unborn fetus or baby.
3. Without such medical assurances, the student may be required to discontinue her program until said medical assurances have been received and accepted.
4. The above policies do not mitigate the student's responsibility for maintaining her own well-being as well as that of responsible behavior with respect to the fetus or unborn child. If at any time the student believes she is medically unable to continue with class/clinical responsibilities, the student should notify the Program Director.
5. The student may always access her academic advisor for questions or concerns about this policy.

Drug Screening Policy:

Students will be required to complete a drug screening prior to beginning clinical in the Surgical Technology program. Students will be notified of required testing due dates randomly. After the drug screening completion dates are announced, the student has 14 days to complete the testing. Failing to complete the assigned testing during the announced 14-day period is insubordination and therefore subject to dismissal from the program. A positive drug screening will result in immediate dismissal from the Surgical Technology program without the option for re-admission. COTC reserves the right to repeat drug screening while students are enrolled in the Surgical Technology Program. This is subject to change without other notification to applicants. All drug screening is at the student's expense.

Applicants to the Surgical Technology Program are required to test negative for drug and/or alcohol abuse before entering the clinical portion of the Program. All test results, positive or negative, will be sent to the Dean for Health and Human Services. **All costs for testing are the student's responsibility.**

Any applicant who tests positive for drugs not medically prescribed for that applicant will lose their Program seat and will not be permitted to reapply to the Surgical Technology Program.

Any student seeking admission to clinical in the surgical technology program who knowingly and intentionally attempts to provide a substitute or adulterated specimen for the drug test will lose their Program seat and will not be permitted to reapply to the program.

Surgical technology students already in the sequence of courses: Any surgical technology instructor may request a drug screen given reasonable cause. "Reasonable cause" exists when a student exhibits behavior that suggest impairment from drug or alcohol use or when clinical performance or safety is affected. These behaviors include but are not limited to poor judgment, mood swings, over-reaction, poor or inappropriate patient care, etc. In the clinical setting, the clinical instructors will follow that institution's policy. Students testing positive will be required to withdraw from the current semester and will **not be** permitted to return to the sequence of surgical technology courses and will not be permitted to reapply the program.

CLINICAL EDUCATION

Clinical Affiliations

The college has developed contractual affiliations with a variety of clinical healthcare agencies. Clinical experiences are planned for clinical courses to develop professional practice insight and skills in the operating room, according to course objectives. Orientation to each assigned clinical setting is mandatory. While in the clinical setting, each student is responsible to meet the policies, procedures, and standards of the clinical agency, as well as COTC education policies and adherence to the Student Surgical Technology Handbook guidelines. Each student needs to be available for clinical assignment i.e., days of the week, and locations. Each student is responsible for dependable transportation to/from clinical sites throughout Central Ohio. Punctuality is an expectation for all clinical experiences including orientation. Students are responsible for knowing where to go for clinical and orientations. (This information will be given out in class. If unsure, it is the student's responsibility to seek clarification.)

Clinical affiliations are vital and valuable to the college and its students. As the healthcare field continues to change, COTC surgical technology leadership alters clinical experiences to meet arising changes, trends, and to maximize the quality of health care education. Student assignments to clinical settings involve multiple variables. These variables include availability of surgical cases and patients for learning, the availability of qualified O.R. staff and faculty. COTC is deeply grateful to its affiliate healthcare agencies for their commitment to COTC education and students. Due to the nature and complexity of clinical assignment plans for technical classes, individual requests for change may be disruptive to the entire process.

Surgical technology faculty and students are expected to always demonstrate professional behaviors in the clinical settings. Violations of agency policy or COTC policy will result in disciplinary action.

Attendance Policy:

Each student is expected to attend all scheduled learning experiences. Continued enrollment in the Surgical Technology program depends, in part, on consistent attendance. In academic courses, grades are earned based on the student's attainment of the course objectives; but regular and punctual attendance is expected. In lab and clinical courses, attendance is ***mandatory*** and is one of the factors that will be evaluated weekly. Guidelines for missed clinical days are established and failure to comply may result in withdrawal from the program. You are expected to attend all classes, to be on time, to have all required materials, to complete all homework, and to be prepared to participate in classroom discussions. Proper preparation requires you to read and study assignments prior to coming to class even if specific homework is not to be collected. It is your responsibility to find out what you missed if you are absent. Being absent does not excuse you from your responsibilities regarding quizzes, exams, homework, experiments, or projects.

Faculty is not responsible to provide material/information to those who miss learning opportunities. Patterns of repeated absences will be addressed.

Attendance at all labs is mandatory

Attendance at all clinical experiences is mandatory

All absences must be made up.

1. The student must **notify their COTC instructor AND the surgical facility of a clinical absence no less than thirty minutes in advance of the scheduled start time.** You must **CALL** the COTC instructor's cell phone and leave a message on the instructor's office phone if appropriate.
2. Being absent more than two days in a row, requires you to meet with your COTC instructor and/or the Program Director before you return to Lab or Clinical.
3. Medical or other documentation may be required for absence verification.
4. **No "banking" of clinical days is permitted.** Students are not permitted to plan to miss clinical for elective (non-emergency) reasons. If a student expects to miss more than one clinical day for **any reason** (e.g., pregnancy, delivery, elective surgery, etc.), that student should **discuss this with the Program Director prior to expected absence.**
5. **Tardiness to lab or clinical:** being tardy more than 2 days during a semester will require you to meet with your COTC instructor. Proper documentation may be required for verification of tardiness. If a student **expects** to be tardy, the student should discuss this with the COTC instructor **prior** to the absence. Multiple unexcused tardiness may result in disciplinary action and will not be tolerated.

If a student fails to notify an instructor before a clinical absence – this includes if the student is tardy – there will be no makeup opportunity and the student will receive an immediate grade of unsatisfactory for the clinical which will result in a failing grade for the course.

Instructor initiated withdrawal will result if these procedures are not followed.

Clinical Work Policy:

Each student will be expected to attend clinical twice a week from 0700-1530. The only deviation to this time is if the facility starts earlier than 0700, some do start at 0600 or 0630. This time allows for a ½ hour lunch period and a 15-minute break. Clinical days for COTC are Monday thru Friday. All activities must be educational in nature. At no time during the clinical can a student be substituted as staff position. Additional clinical time may be necessary to achieve required 120 case count.

Transportation to Clinical:

Travel to the clinical facility is the responsibility of each student. A student may not have the opportunity to rotate through the closest facility. Students must realize the potential exists for extended travel to/from clinical sites (up to 1 ½ hours one way) simply due to the number of students selected by the program. Parking fees and/or facility fees may be associated with clinical assignments. Parking fees are the responsibility of each student.

Clinical Orientations:

Many facilities require students to complete a mandatory orientation prior to the clinical rotation. Students are required to comply with orientation processes for each facility as directed by the Clinical Coordinator. While some facilities require only paperwork orientation, other facilities required computer-based orientation or face-to-face orientation sessions. Be advised that students may be asked to complete their orientation prior to their first day of the clinical rotation, which may be during an academic break. Arrangements will be made for students who are unable to complete their orientations during academic breaks.

Dress Code:

A professional, well-groomed, neat appearance is expected in the clinical setting and at professional functions. If a student does not meet the specified attire and hygiene standards, the instructor may send the student home and request immediate compliance.

- Good personal hygiene is always expected. ALL clinical agencies have very strong standards regarding smoking and the smell of smoke on uniforms. Students may be sent home if offensive odor is noted - this will be considered an unexcused absence. All clinical agencies are smoke free.
- The COTC student identification badge is part of the required uniform and is to be always worn in the clinical setting. Name badges are to be worn above the waist. Affiliating agencies may require additional specific identification.
- Each student must wear appropriate (per hospital policy) and professional dress to and from the clinical site. Please no cut off shorts or short shorts. Professionalism is the key here.
- Cosmetics may be worn with discretion. No perfume, scented after-shave, cologne or scented hand cream or products are permitted.
- Facial hair should be neatly trimmed and maintained. Students should be aware that some clinical agencies may prohibit facial hair due to improper fit of facial masks. Some facilities may ask you to wear a special mask due to facial hair.
- Small, non-dangling earrings may be worn for pierced ears – in the ear lobe only and limited to one pair. “Non-dangling” is defined as a post or stud only. Gauges are not permitted. Items worn on a chain around the neck must be concealed. A plain wedding band may be worn. No further jewelry is permitted. It is recommended that you leave your rings at home as you will be required to remove when scrubbing into the sterile field and the chance of losing it is greater.
- A pair of shoes should be purchased for use in the OR only. Hospital grade shoes or an athletic cut are appropriate and provide the most comfort.

- Protective eyewear must be worn on all surgical procedures. If you wish to purchase some that are comfortable then it is recommended. Most surgical facilities provide protective eyewear for you.
- Fingernails must be of reasonable length (not visible when looking at palms). Nail polish is not permitted. Acrylic nails or artificial nails of any kind (such as overlays, tips, etc.) are not permitted.
- Hair should be cut or secured in such a manner that prohibits extension beyond surgical headgear.
- Good personal hygiene is mandatory for the surgical technologist.
- No visible body piercings are permitted. This includes tongue piercings. A clear “spacer” may be worn in a pierced nostril.

Surgical Rotation Case Requirements:

Objectives: The learner will:

1. Describe the purpose of the observation role.
2. Develop professional competency by performing in the scrub role during an arranged clinical experience.
3. Evaluate the development of professionalism throughout clinical experiences using various methods.
4. Utilize sufficient documentation for verifying cases and roles performed.
5. Demonstrate procedural proficiency by completing a minimum of 120 surgical cases.

SURGICAL ROTATION CASE REQUIREMENTS

Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Maximum # of Second Scrub Cases That Can be Applied Towards 120 Cases
General Surgery	30	20	10
Surgical Specialties <ul style="list-style-type: none"> • Cardiothoracic • Genitourinary • Neurologic • Obstetric and gynecologic • Orthopedic • Otorhinolaryngologic • Ophthalmologic • Oral Maxillofacial • Peripheral vascular • Plastics and reconstructive • Procurement and transplant 	90	60	30
Diagnostic Endoscopy <ul style="list-style-type: none"> • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy 			10 diagnostic endoscopy cases may be applied toward the second scrub cases

<ul style="list-style-type: none"> • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy 			
Labor & Delivery			5 vaginal delivery cases may be applied toward the second scrub cases
Totals	120	80	40

***Surgical Rotation Cases include:**

- MIS (Minimally Invasive Surgery): endoscopic, laparoscopic, robotic approaches
- IR (Intervention Radiology)

****Diagnostic vs. operative endoscopy cases**

- An endoscopy classified as a semi-critical procedure is considered a diagnostic case.
- An endoscopy classified as a critical procedure is considered an operative case.
- Diagnostic and operative cases will be counted according to specialty.
- Diagnostic cases are counted in the SS role up to a total of ten of the required 120 cases.

Case requirements:

A student must complete a minimum of 120 cases as delineated above: (refer to table above).

General surgery:

Student must complete a minimum of 30 cases in General Surgery.

- 20 of these cases must be performed in the FS role.
- The remaining 10 cases may be performed in either the FS or SS role.

Specialty surgery:

Student must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery.

- A minimum of **60 cases** must be performed in the FS role and distributed amongst **a minimum of four surgical specialties.**
- A minimum of **ten cases in four different specialties** must be completed in the FS role (40 cases total).
- The additional 20 cases in the FS role may be distributed amongst any one surgical specialty or multiple surgical specialties.
- The remaining 30 cases may be performed in any surgical specialty in either the FS or SS role.

Surgical specialties (excluding General Surgery)

- Cardiothoracic
- Genitourinary
- Neurologic

- Obstetric and gynecologic
- Orthopedic
- Otorhinolaryngologic
- Ophthalmologic
- Oral Maxillofacial
- Peripheral vascular
- Plastics and reconstructive
- Procurement and transplant

Counting cases:

Cases may be counted according to surgical specialty as defined in the core curriculum.

1. One pathology is counted as one procedure.

Example: A patient requires a breast biopsy followed by mastectomy. It is one pathology, breast cancer, and the specialty is general surgery; therefore, it is counted and documented as one procedure and one case.

1. Counting more than one case on the same patient.

***Example 1:** A trauma patient requires a splenectomy and repair of a LeFort I fracture. Two cases can be counted and documented since the splenectomy is general surgery, and the LeFort I repair is an oral- maxillofacial surgical specialty.*

***Example 2:** A procedure that requires different set-ups and includes different specialties may be counted as separate cases. A mastectomy procedure (general surgery) followed with immediate reconstruction or augmentation (plastics and reconstruction) are counted as separate cases.*

3. Diagnostic vs. operative endoscopy cases

- An endoscopy classified as a semi-critical procedure is considered a diagnostic case.
- An endoscopy classified as a critical procedure is considered an operative case.
- Diagnostic and operative cases will be counted according to specialty.
- Diagnostic cases are counted in the SS role up to a total of ten of the required 120 cases.

4. Vaginal delivery cases are counted in the SS role of the OB/GYN specialty, up to a total of five of the required 120.

Documentation of Surgical Rotation Cases:

Must include the following:

- Case performed.
- Role performed.
- Performance evaluations
- Verification by program director

*****The surgical technology program is required to verify through the surgical rotation documentation the students' progression in the scrub role in surgical procedures of increased complexity as he/she moves towards entry-level graduate competency. ****

First and Second Scrub Role and Observation:

FIRST SCRUB ROLE

The student shall perform the following duties in the sterile role during any given surgical procedure with proficiency.

1. Verify supplies and equipment needed for the surgical procedure.
2. Set up the sterile field.
 - instruments, supplies, equipment, medication(s), and solutions needed for the procedure.
3. Perform the counts with the circulator prior to the procedure and before the incision is closed.
 - AST guidelines
 - Facility policy
4. Pass instruments and supplies to the sterile surgical team during the procedure.
 - Anticipate needs.
5. Maintain sterile technique.
 - Recognize sterility breaks.
 - Correct sterility breaks
 - Document as needed.

SECOND SCRUB ROLE

The second scrub role is defined as the student who is in the sterile role who has not met all criteria for the first scrub role, but actively participates in the surgical procedure in its entirety by completing any of the following:

- Assistance with diagnostic endoscopy
- Assistance with vaginal delivery
- Cutting suture
- Providing camera assistance
- Retracting
- Sponging
- Suctioning

OBSERVATION ROLE

The observation role is defined as the student who is in the operating room performing roles that do not meet the criteria for the first or second scrub role. The student is observing a case in either the sterile or nonsterile role. These observation cases are not to be included in the required 120 case count but must be documented by the student on the case log.

Clinical Case Log:

The clinical case log is a requirement of the accreditation review committee and is a legal document. The case log that is required is in your book list and **must never be altered in any way i.e., use of white out, forging of signatures, etc. If you are found to have altered your log in any way, it will result in unsatisfactory grade for that clinical and immediate dismissal from the program. There will be no reentry allowed for this offense.**

The following are examples of surgical cases to logged:

General Surgery:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Anal sphincterotomy 2. Anoplasty 3. Brachial cleft cystectomy 4. Breast biopsy with needle localization 5. Breast lumpectomy with sentinel node biopsy 6. Excision of gynecomastia 7. Excision of lipoma 8. Femoral herniorrhaphy 9. Fissure/fistula repair 10. Incision and drainage of abscess 11. Incisional herniorrhaphy 12. Inguinal herniorrhaphy 13. Insertion of infusion catheters/ports 14. Liver biopsy | <ol style="list-style-type: none"> 15. Muscle biopsy 16. Open appendectomy 17. Pilonidal cystectomy 18. Rectal polypectomy 19. Spigelian herniorrhaphy 20. Thyroglossal duct cystectomy 21. Umbilical herniorrhaphy 22. Ventral herniorrhaphy 23. Billroth I 24. Billroth II 25. Cholecystoduodenostomy 26. Cholecystojejunostomy 27. Choledochoduodenostomy 28. Choledochojejunostomy 29. Colectomy 30. Colon resection for Hirschsprung's disease-pediatric 31. Common bile duct exploration 32. Derotation of volvulus- pediatric |
|---|--|

33. Endoscopic inguinal herniorrhaphy
34. Excision of Zenker's diverticulum
35. Exploratory laparotomy
36. Gastrectomy
37. Gastroschisis repair-pediatric
38. Gastrostomy
39. Ileostomy
40. Laparoscopic appendectomy
41. Laparoscopic cholecystectomy
42. Laparoscopic Nissen fundoplication
43. Liver resection
44. Mastectomy with axillary node dissection
45. Omphalocele repair-pediatric
46. Open cholecystectomy with cholangiogram
47. Organ procurement
48. Pyloromyotomy-pediatric
49. Reduction of intussusceptions- pediatric
50. Roux-en-Y
51. Small bowel resection
52. Splenectomy
53. Vagotomy/pyloroplasty
54. Abdominoperineal resection
55. Esophagectomy
56. Imperforate anus repair
57. Liver transplant
58. Tracheoesophageal fistula repair
59. Whipple procedure

Ob-Gyn

1. Ablation of condyloma
2. Anterior and posterior colporrhaphy
3. Bartholin cystectomy
4. Cerclage
5. Cervical cone biopsy
6. Diagnostic laparoscopy

7. Dilatation and curettage
8. Episiotomy repair
9. Hysteroscopy
10. Loop electrosurgical excision procedure
11. Placement of radiation therapy device
12. Uterine balloon therapy
13. Vaginoplasty
14. Cesarean section
15. Ectopic pregnancy resolution
16. Endometrial ablation
17. Myomectomy
18. Oophorectomy
19. Operative laparoscopy
20. Ovarian cystectomy
21. Salpingectomy
22. Total abdominal hysterectomy
23. Vaginal hysterectomy
24. Laparoscopic assisted vaginal hysterectomy
25. Micro-tubal re-anastomosis
26. Vulvectomy
27. Wertheim procedure

Ophthalmic

1. Chalazion excision
2. Entropion/ectropion repair
3. Enucleation
4. Lacrimal duct probing
5. Pterygium excision
6. Recession and resection
7. Anterior vitrectomy
8. Cataract extraction
9. Dacryocystorhinostomy
10. Evisceration
11. Exenteration
12. Iridectomy
13. Iridotomy
14. Keratoplasty
15. Sclera buckle
16. Trabeculoplasty/placement of drainage shunt
17. Vitrectomy

Otorhinolaryngology

1. Glossectomy
2. Myringotomy
3. Nasal antrostomy
4. Nasal polypectomy
5. Salivary duct stone excision/sialolithotomy
6. Septoplasty
7. Tonsillectomy and adenoidectomy
8. turbinectomy
9. uvulopalatopharyngoplasty
10. Caldwell-Luc
11. Choanal atresia
12. Mandibulectomy
13. Mastoidectomy
14. Operative sinuscopy
15. Parathyroidectomy
16. Sphenoidotomy
17. Temporomandibular joint (TMJ) arthroscopy
18. Thyroidectomy
19. Tracheotomy/tracheostomy
20. Tympanoplasty I
21. Tympanoplasty II
22. Laryngectomy
23. Radical neck dissection
24. Stapedectomy

Oral/Maxillofacial

1. Arch bar application
2. Dental extraction
3. Dental implants
4. Odontectomy
5. Cleft lip/palate repair
6. LeFort I
7. LeFort II
8. LeFort III
9. ORIF orbital fracture
10. ORIF maxillary/mandibular fracture
11. Zygomatic fracture management

12. Craniofacial reconstruction
13. Orthognathic procedure

Plastic/Reconstructive

1. Blepharoplasty
2. Breast augmentation
3. Cheiloplasty
4. Dermabrasion
5. Excision nevus/basal cell carcinoma/squamous cell carcinoma
6. Mastopexy
7. Mentoplasty
8. Otoplasty
9. Rhinoplasty
10. Scar revision
11. Suction lipectomy
12. Abdominoplasty
13. Breast reconstruction
14. Breast reduction
15. Palatoplasty
16. Rhytidectomy
17. Skin graft (full thickness/split thickness)
18. Microvascular pedicle graft
19. Syndactyly repair release
20. Transverse rectus abdominomusculocutaneous (TRAM) flap

Genitourinary

1. Circumcision
2. Cystectomy
3. Hydrocelectomy
4. Marshall Marchetti Krantz procedure
5. Meatoplasty
6. Orchidectomy
7. Orchiopexy/orchidopexy
8. Transurethral resection of the prostate (TURP)

9. Urethral meatotomy
10. Varicocelectomy
11. Vasectomy
12. Chordee repair
13. Epispadias repair
14. Exstrophy of the bladder repair
15. Hypospadias repair
16. Insertion of penile implants
17. Nephoscopy
18. Ureteral reimplantation
19. Ureteropyelolithotomy
20. Ureteroscopy
21. Urethrovesical angle repositioning
22. Vasovasostomy
23. Adrenalectomy
24. Cystectomy with creation of ileal conduit
25. Kidney transplantation
26. Nephrectomy
27. Perineal prostatectomy
28. Suprapubic prostatectomy
29. Wilm's tumor resection

Peripheral Vascular

1. Vein ligation/stripping
2. Angioplasty
3. Angioscopy
4. Arteriovenous (AV) fistula/shunt creation/insertion
5. Axillofemoral bypass
6. Carotid endarterectomy
7. Embolectomy
8. Femorofemoral bypass
9. Femoropopliteal bypass
10. Greenfield filter insertion
11. Popliteal in-situ graft
12. Venous access device implantation

Orthopedic

1. Achilles tendon repair
2. Acromioplasty

3. De Quervain's contracture release
4. Dupuytren's contracture release
5. Lower extremity amputation
6. Tenorrhaphy
7. Ulnar nerve transposition
8. Bankart procedure
9. Bipolar hip replacement
10. Bristow procedure
11. Bunionectomy with hammer toe correction
12. Femoral nailing
13. Knee arthroscopy
14. Lumbar laminectomy
15. Metacarpal phalangeal joint (MPJ) arthroplasty
16. ORIF
17. Putti Platte procedure
18. Shoulder arthroscopy
19. Triple arthrodesis
20. Anterior cruciate ligament (ACL) reconstruction
21. Limb reattachment
22. ORIF pelvic fracture
23. Total ankle arthroplasty
24. Total elbow arthroplasty
25. Total hip arthroplasty
26. Total knee arthroplasty
27. Total shoulder arthroplasty

Cardiothoracic

1. Scalene node biopsy
2. Thoracostomy
3. Cervical rib resection
4. Closure of patent ductus arteriosus
5. Coronary angioplasty
6. Decortication of the lung
7. Diaphragmatic herniorrhaphy-pediatric
8. Lobectomy
9. Lung biopsy
10. Lung volume reduction procedure
11. Mediastinoscopy
12. Pacemaker insertion

13. Pectus excavatum repair
14. Pericardiectomy
15. Thoracoplasty
16. Thoracoscopy
17. Thoracotomy-pulmonary wedge resection
18. Thymectomy
19. Anoplasty
20. Aortic arch aneurysm repair
21. Aortic/mitral valve replacement
22. Batista procedure
23. Coronary artery bypass (CABG)
24. Heart transplantation
25. Lung transplantation
26. MID-CABG
27. Mitral valve commissurotomy
28. Pneumonectomy
29. Repair of coarctation of the aorta
30. Tetralogy of Fallot repair
31. Transmyocardial revascularization
32. Ventricular aneurysm repair
33. Ventricular assistive device (VAD) insertion

1. Carpel tunnel release
2. Ulnar nerve transposition
3. Chordotomy
4. Cranioplasty
5. Lumbar laminectomy
6. Rhizotomy
7. Ventriculoperitoneal (V/P) shunt placement
8. Acoustic neuroma resection
9. Anterior thoracic/lumbar discectomy
10. Arteriovenous malformation (AVM) repair
11. Cervical discectomy
12. Craniostomosis
13. Craniotomy- hematoma evacuation
14. Craniotomy- tumor excision
15. Craniotomy- aneurysm repair
16. Lumbar discoscopy
17. Myelomeningocele
18. Posterior fossa craniotomy
19. Spinal fixation
20. Spinal tumor excision
21. Stereotactic procedures
22. Transsphenoidal hypophysectomy
23. Ventriculostomy

Neurosurgery

Clinical Evaluation and Attendance:

To remain in the Surgical Technology program, students must meet academic requirements, must maintain patient safety, and must behave in a professional manner in the clinical environment. The student must competently and responsibly meet legal, ethical, safety and professional standards in providing basic Surgical technologist skills as well as participating in academic activities. These standards include but are not limited to privacy, consent, confidentiality, and safety. The student must adhere to the policies of the program as well as to the policies and procedures of affiliated clinical institutions.

Isolated performance deficiencies or patterns of deficiency include the performance of undesirable academic, clinical, or professional behavior(s) as identified by faculty or clinical instructor. Examples include, but are not limited to, tardiness, disruptive behavior, safety issues, skill deficiency, or poor performance of a skill. The student will be given written documentation of the identified deficiency and criteria describing the methods to correct the deficiency, as well as future expectations. Failure to demonstrate satisfactory improvement will result in disciplinary action.

In the clinical setting, a student who demonstrates unsafe behavior(s) which may endanger self, or others may be dismissed and failed in the clinical and/or laboratory course regardless of the course theory grade. This

student will not be permitted to return to the clinical setting for the remainder of the semester and would receive a failing grade for the course regardless of the theory grade.

Students must demonstrate professional accountability in the clinical area, including but not limited to:

1. Be prepared for clinical experience. (Appropriate uniform and equipment, knowledge of procedure and adequate sleep).
2. Report on time for clinical experience as assigned.
3. Notify instructor prior to clinical if unable to attend because of illness or if tardy.
4. All clinical experiences, including orientation(s) are mandatory (see Attendance Policy).
5. Submit acceptable written assignments on time and in a comprehensive manner.
6. Demonstrate appropriate professional appearance and behavior consistently.
7. Refrain from illegal possession or illegal use of drugs and/or alcohol beverages.
8. ALL CLINICAL FACILITIES ARE SMOKE FREE. If you are caught violating this policy, you will be removed from the program immediately.
9. Call for information regarding school closure for safety, weather reasons.
10. Meet the clinical objectives specified in the clinical evaluation document for each clinical course.
11. Maintain required documentation of health status annually. If required health, behavior or attire standards are not met, the student is ineligible for clinical experience, which will interfere with successful course completion.
12. Follow facilities policies and procedures during your clinical experience.
13. Students are not permitted to leave the premises at clinical facilities without specific permission from the instructor. Permission may be granted after a written request by the student.
14. Students are required to complete all clinical hours and are expected to advise their course instructor of any variation from assigned hours. Even though there is a case number requirement for accreditation you must complete the hours to obtain college credit. If you have met your case requirement you must still attend clinical for the entire semester.

Clinical Course and Success:

COTC Surgical Technology clinical experiences are designed to enable the student to become a clinically safe and competent surgical technologist. When a student is having difficulty performing in a satisfactory manner the Performance Improvement Plan (PIP) will be utilized to help ensure the student has the opportunity to demonstrate improvement to an acceptable level.

To remain in the surgical technology program, students must meet academic requirements and must maintain client/patient safety during all clinical laboratory experiences. Violation of safety may result in an immediate clinical failure and administrative withdrawal. Violations may include a single serious event or a pattern of deficiency. All "single serious events" will be reviewed by the Program Director as a part of the decision-making process.

A pattern of deficiency is a repeated performance of an undesirable clinical or professional behavior(s) as identified by the instructor(s). The behavior can occur during one or more clinical experiences to be defined as a pattern. (Examples include but are not limited to the following: chronic tardiness, disruptive clinical behavior, safety issues, and skill deficiencies). The student will be given written documentation of the undesirable

behaviors and criteria describing the methods to correct the deficiency, as well as future expectations. Failure to demonstrate satisfactory improvement will result in an unsatisfactory clinical grade which will result in a failing grade for the course in which the student is currently enrolled regardless of the theory grade.

In the clinical or laboratory setting, a student who demonstrates unsafe behavior(s) which may endanger self, or others may be dismissed and failed in the clinical or laboratory component of a course regardless of the course theory grade. Faculty have the right to dismiss the student from the clinical area if, in consultation with the Program Director, the behavior is a critical issue of patient safety. This student will not be permitted to return to the clinical setting for the remainder of the semester, would receive a failing grade and dismissed from the program with no re-entry into the program.

Procedure:

1. The instructor will document the undesirable clinical or professional behavior(s) performed by the student and observed by the instructor. The instructor will verbally and in a timely manner advise the student of the inappropriate behavior(s) and the consequences of clinical failure if the behavior(s) persists.
2. If the inappropriate behavior(s) does not improve within the specified timeframe, a conference with the student and the program faculty/administrator will be arranged to develop a corrective action plan. Written documentation, in the form of a Performance Improvement Plan (PIP), will be provided to the student and a copy will be maintained in the student file.
Performance Improvement Plan (PIP) will include, but not be limited to:
 - Expected behaviors
 - Appropriate time frames to achieve specific and safe clinical/college laboratory performance objectives, and consequences if a student fails to comply.
3. Copies of the Performance Improvement Plan will be attached to the previous performance documentation and given to the student, clinical instructor, course instructor, and/or Program Director.

All Performance Improvement Plans must be complete within the period in which the plan was written. If the Performance Improvement Plan is unsuccessful, at the end of the plan's specified time the instructor will assign a clinical grade of U and the student will fail the course regardless of the course theory grade. The student will be dismissed from the program with no re-entry into the program.

4. In the event of course failure, the student has the right to use the College Grade Appeal Process – see COTC Information, Policies and Procedures manual.

Note: In the event of a single significant issue which after timely review appears to be egregious, the decision may be made to immediately remove the student from the clinical experience for the semester without following the above stated process. Examples may include but are not limited to patient injury, unprofessional conduct, etc.

CODE OF CONDUCT.....

AST's Statement on Diversity, Equality, and Inclusion

The Association of Surgical Technologists (AST) is committed to the diversity, equality, and inclusion in the workplace and throughout the surgical technology profession. The AST Board of Directors acknowledges and affirms our commitment to uphold the association's code of ethics: to be allies and advocates for all people regardless of skin color, gender, gender identity and gender expression, ethnic origins, or religious beliefs.

We believe all individuals should be treated equally without disparity or discrimination, and we support the expression of diverse opinions and perspectives, which help to initiate change. It is through shared discussions and unique experiences that we use diversity to create impactful and meaningful practices, policies and principles that protect our patients and our members.

AST remains dedicated to ensuring our organization has representation that reflects our patients and our membership. As surgical technologists, we must advocate for the safety of our patients and our fellow citizens.

Conduct Unprofessional:

Unprofessional conduct impacts the academic performance of students and can have a direct impact on patient safety. Students exhibiting unprofessional conduct **will** be dismissed from the Surgical Technology program.

If at any time a student exhibits **ANY** student behavior/technical issues that results in the clinical site requesting student removal. **If a clinical facility requests a student to be removed, the student will be dismissed from the program.**

Conduct Professional:

The following is The Association of Surgical Technologists Code of Ethics which we uphold.

1. To maintain the highest standards of professional conduct and patient care.
2. To hold in confidence, with respect to the patient's beliefs, all personal matters.
3. To respect and protect the patient's legal and moral rights to quality patient care.
4. To not knowingly cause injury or any injustice to those entrusted to our care.
5. To collaborate with fellow technologists and other professional health groups to promote harmony and unity for better patient care.
6. To always follow the principles of asepsis.
7. To maintain a high degree of efficiency through continuing education.
8. To maintain and practice surgical technology willingly, with pride and dignity.
9. To report any unethical conduct or practice to the proper authority.
10. To always adhere to the Code of Ethics in relationship to all members of the health care team.

The faculty of the Surgical Technology program embraces this code of ethics, and implements facets of the Code in classroom, college lab, and clinical situations. As future surgical technologists, it is essential that students understand the Code of Ethics and abide by the principles in the same manner. Therefore,

to preserve respect for all individuals engaged in the surgical technology program, disruptive or offensive behavior is deemed unacceptable.

Disruptive or offensive behavior is speech or action that is disrespectful or rude and ranges from insulting remarks and verbal abuse to explosive, violent behavior. This includes any speech or action that disrupts the harmony of the teaching-learning environment. This behavior can be spoken, written, communicated electronically, visual, and/or physical and is directed toward an individual or a particular group.

Disruptive or offensive behavior that is reprehensible and threatening to the careers, educational experience and well-being of students, staff or faculty will not be tolerated.

Sanctions for the person(s) found to exhibit disruptive or offensive behavior include but are not limited to the following:

- Oral or written warning (documented)
- Oral or written reprimand (documented)
- Required attendance in sensitivity program and/or documented counseling experience
- Apology and/or restitution to the victim
- Suspension or dismissal from the program
- Suspension or dismissal from the College

Use of Social Networking Sites:

The Surgical Technology Program recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Twitter, or individual blogs are an important means of communication. The use of technology can be a valuable search tool for surgical technology students and faculty when used appropriately. The expectation is that these resources will not be used in patient care areas but will be utilized in classrooms or conference rooms under the supervision and guidance of the course and clinical instructors. Unfortunately, the use of technology has been shown to create potential liability for the student, faculty, and the college. Posting certain information is illegal, and violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability.

The following actions are strictly forbidden:

- **You may not** post or communicate any patient-related information or information which may potentially identify a particular patient. Removal of the patient's name does not solve this problem – inclusion of gender, age, race, diagnosis, etc. may still allow the reader to recognize the identity of a specific individual. Violation of this requirement may result in disciplinary action up to and including dismissal from the program, as well as other liability for violation of HIPPA (the Health Insurance Privacy and Portability Act of 1996).

- **You may not** post or communicate private academic information about another surgical technology student, including but not limited to grades, narrative evaluations, or adverse academic actions.

In addition to the absolute prohibitions listed above, the actions listed below are **strongly discouraged**. Violations of these guidelines are considered unprofessional behavior and may be the basis for disciplinary action:

- Display of vulgar language
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Posting of potentially inflammatory or unflattering material regarding a fellow student, faculty member, or administration.

Any surgical technology student or surgical technology faculty member who is aware of the use of social networking sites for any of the above prohibited purposes is required to report the misuse. Failure to report is a violation of the college's Code of Student Conduct and may result in disciplinary action up to and including dismissal from the program.

Surgical Technology faculty are discouraged from "friending" students while the student is actively enrolled in a COTC Surgical Technology Program. Faculty should always maintain professional boundaries.

When using social networking websites, students and faculty are strongly encouraged to use a personal e-mail address as their primary means of communication, rather than their cotc.edu address. Students and faculty are expected to always maintain professional standards of behavior.

The surgical technology faculty and administration support and concur with the NCSBN's White paper: [A Nurse's Guide to the Use of social media](#)

PROGRAM COMPLETION.....

Each student must fulfill all courses and terms/conditions as specified in the respective plan of study. This includes achievement of designated outcome competencies if applicable. To qualify for an Associate of Applied Science Degree in Surgical Technology, students must achieve a minimum 2.0 grade point average.

All fees must be paid in full, including library fee, to graduate. In accordance with COTC academic policies, a student must petition for graduation prior to the semester in which he/she intends to graduate. Refer to the COTC academic policy "[Graduation](#)". The petition can be found in myCOTC under [Online Forms](#). This petition may require a fee that you must pay.

If a student has a documented disability defined by the "American Disabilities Act" (ADA), the National Board of Surgical Technologists and Surgical Assistants only authorize accommodations. You must work closely with the [Disability Services](#) to obtain documentation in order to allow accommodations for the Certifying Surgical Technologist Exam. This will be the student's responsibility.

Promotion through the Surgical Technology Program:

It is important for the student to focus on coursework to be successful in the program. Requirements for advancement in the surgical technology programs are as follows:

1. All course prerequisites must be met before admission to a course. Waivers will not be granted.
2. All surgical technology programs require a grade of "C" (2.0) or better in all surgical technology courses, as well as all support courses (non-technical course) such as math, sciences; A&P and microbiology.
3. Student must pass A&P I and A&P II with a grade "C" or better progress to clinical I. If a student must step away from the program until they pass A&P II (BIO-131). Student is required to meet with Program Director if they wish to re-enter the program after a "C" or better in A&P II (BIO-131) is achieved. See "Readmission policy" below.
4. Students who do not successfully complete their first semester surgical technology course will need to apply as a new admission if they wish to pursue an associate degree in surgical technology at COTC.
5. Once the student has successfully completed the first semester surgical technology class, progression through the program is dependent upon successful completion of the surgical technology courses as well as pre-requisites and co-requisites. The first time a student is unsuccessful (fails) in any surgical technology course, the student must meet with and make a written request to the Program Administrator to repeat the surgical technology course. The

second time a student is unsuccessful (fails) in any surgical technology course, the student becomes ineligible to continue in the surgical technology program and ineligible to reapply.

6. The surgical technology faculty realizes that students often face personal challenges throughout the course of the surgical technology program, sometimes resulting in a need for the student to alter their progress. After successful completion of the first semester surgical technology course, the student is permitted a limited number of withdrawals.
7. A 2.0 grade point average is required for promotion within the surgical technology program. Failure to maintain a 2.0 GPA will result in the student being unable to enroll in surgical technology courses until the GPA is increased to 2.0 or above.
8. A satisfactory grade is required in clinical experience and/or laboratory skill demonstrations. Students must meet the clinical and laboratory requirements in all surgical technology courses.
9. A student must adhere to all college/program policies/procedures and have no outstanding fees or unreturned borrowed equipment to be eligible for graduation.
10. It is important for the student to remain aware of their progress through each course. Early recognition of difficulties is important for the student's success. The student should immediately discuss any concerns with the course instructor and should utilize other campus resources such as the student's advisor or [Student Success Center](#) as early as possible. Faculty support is also available.

Readmission to the Surgical Technology Program:

For consideration of readmission into a surgical technology course, a student must submit a written request and meet with the Surgical Technology Program Director. The decision for readmission depends on space availability, changes in the curriculum, and individual qualifications including grade point average and any other factors that may be related to the student's ability to succeed. The following policies/procedures apply:

1. The student will adhere to the college requirements for readmission (see [COTC College Policies](#)).
2. Students who do not successfully complete the first semester surgical technology course must apply as new applicant.
3. The student will submit a written request to the Program Director including desired semester of return, course(s) desired, and any specific supportive information about reason for the break in education, and student plans for ongoing success.

4. The student will arrange to meet with the Program Director.
5. A student seeking readmission to surgical technology courses must have a minimum 2.0 cumulative grade point average.
6. If the student is being readmitted to a Clinical course there must be an available clinical site assignment for that student. This will be determined after all current students' assignments are confirmed. ALL clinical competencies and clinical training expire within one year, some clinical courses must be repeated. All clinical competencies previously earned must be repeated.
7. Surgical technology students who enroll in a surgical technology course but do not follow the procedure for requesting readmission will be dropped from the class in which they enrolled.
8. If a student withdrew or received a grade of "Unsatisfactory" in a clinical course and is eligible to return, that student will meet as described above with the Program Director and Clinical coordinator. The student will be placed on probation upon return to the clinical setting. A work improvement plan will be agreed upon before reseating the student.

MISC.....

Closing, Delay or Cancellation of Classes:

Classes are rarely cancelled on the Newark Campus; however, if an emergency occurs, the guidelines published in the [COTC College Policies](#) are followed.

The following guidelines apply to Surgical Technology, clinical, and laboratory experiences:

1. If the college announces that all COTC campuses are closed, all class, clinical and laboratory experiences are cancelled.
2. Clinical instructors, after personally assessing road and weather conditions, may call a delay in the start of clinical or may cancel clinical after consultation with the Program Director. In this instance, the clinical instructor should notify students. Public announcement will not occur.
 - The clinical instructor may initiate a two hour delay the evening before the scheduled clinical; however, the instructor must wait until the day of the scheduled clinical to determine if a cancellation is justified. (That is, it is not permissible to cancel the clinical the night before.)
 - The clinical instructor must notify their clinical site/unit of the delay or cancellation.
3. Students are always responsible to provide current telephone/address information to the college Registrar and to the faculty. Closing, delay, or cancellations of COTC classes are announced via radio, television, and by logging onto the COTC web site or calling the main campus number.

Additional Resources:

COTC Surg Tech Faculty Contacts:

Lora Smith
Clinical Coordinator/Associate Professor
Central Ohio Technical College
1179 University Drive
Newark, OH 43055
Tel: 740-755-7735
Office: Alford Science Center 242
E-mail: smith.10968@mail.cotc.edu

Kim Gates
Program Director/Associate Professor
Central Ohio Technical College
1179 University Drive
Newark, OH 43055
Tel: 740-364-9638
Office: Hopewell 160
E-mail: gates.187@mail.cotc.edu

For career information contact:

Association of Surgical Technologists
6 W Dry Creek Cir #200,
Littleton, CO 80120 <http://www.ast.org>

For information on becoming a Certified Surgical Technologist contact:

NBSTSA

3 West Dry Creek Circle
Littleton, Colorado 80120
<http://www.nbstsa.org>

For accreditation information contact:

CAAHEP

(727) 210-2350

REACH US BY MAIL

9355 - 113th St. N, #7709
Seminole, FL 33775
<http://www.caahep.org>

ARC/STSA

19751 Mainstreet # 339,
Parker, CO 80138
<http://www.arcstsa.org>